



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8/25/08 to 10/20/2008  
Mo Day Year Mo Day Year

1. Committee I.D. Number 150309

4. Candidate Last Name LUCAK First Name CYNTHIA M.I. A

2. Committee Name  
Cynthia Luczak  
Your County Clerk

4a. Office Sought Including District # or Community Served (If applicable)  
BAY COUNTY CLERK

4b. County of Residence BAY

5. Committee's Mailing Address

808 FROST, BAY CITY,

Area Code and Phone \_\_\_\_\_

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

same

Area Code & Phone ( ) - \_\_\_\_\_

7. Treasurer's Business Address

same

Area Code and Phone ( ) \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

N/A

Area Code and Phone ( ) \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11/04/2008  
Month Day Year

9c. ☐ Annual Statement (\_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Cynthia A. Luczak  
Type or Print Name

Cynthia A. Luczak  
Signature

Date 10/24/2008  
Mo Day Year

Candidate

Cynthia A. Luczak  
Type or Print Name

Cynthia A. Luczak  
Signature

Date 10/24/2008  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150309  
2. Committee Name Chuzzlek Your County Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Bay City Democrat</u> Address <u>309 Ninth Street</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets for</u> <u>Santa House</u> <u>Parade Breakfast</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/08</u>	<u>50.88</u>
Expenditure #2 Name <u>Boys + Girls Club</u> Address <u>300 W. Lafayette</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/08</u>	<u>20.00</u>
Expenditure #3 Name <u>Rotary Foundation</u> Address <u>C/O P.O. Box 42</u> <u>Bay City, MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <u>Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/08</u>	<u>60.00</u>
Expenditure #4 Name <u>A.R.C. of Bay County</u> Address <u>709 Columbus Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <u>Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/23/08</u>	<u>100.00</u>
Expenditure #5 Name <u>Sue Rosebrock</u> Address <u>33 Spruce Ridge Dr.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <u>Local Candidate</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/08</u>	<u>100.00</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

330.88  
330.88

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

150309

2. Committee Name

Chuzak Your County Clerk

SUMMARY PAGE  
CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ 0.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ 0.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 330.88	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 330.88	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 2,400.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 3037.90	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 3037.90	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 330.88	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 2707.02 *	

\*If your ending balance is negative, please recheck your math.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 150309  
2. Committee Name Cynthia Luczak for County Clerk

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>6/30/2003</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u>	<u>   -0-   </u> \$ <u>          </u>	\$ <u>          </u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/1/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	<u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u>	<u>   -0-   </u> \$ <u>          </u>	<input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/8/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	<u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u> <u>   /   /   \$   </u>	<u>   -0-   </u> \$ <u>          </u>	<input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

900.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

 1. Committee I.D. Number 150309  
 2. Committee Name Cynthia A. Luczak for County Clerk

This Schedule itemizes:

- a.
- ☒
- Debts and obligations owed
- by
- or forgiven the committee OR b.
- ☐
- Debts and obligations owed
- to
- or forgiven
- by
- the committee.
- 
- (Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-15-2003</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>	-0-	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-27-2003</u> 6. Original Amount of Debt <u>\$ 200.00</u>	<u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>	-0-	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>7-19-2006</u> 6. Original Amount of Debt <u>\$ 1,000.00</u>	<u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,500.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2,400.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this campaign Statement or it was forgiven during the period covered by this Campaign Statement.

 Enter this total  
 on line 12a  
 "owed by" or  
 line 12b "owed  
 to" of the  
 Summary Page